

**DECLARATION FOR NON-PROVISIONAL PATENT APPLICATION\***

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below at 201 et seq. beneath my name.

I believe I am the original, first and sole inventor if only one name is listed at 201 below, or an original, first and joint inventor if plural names are listed at 201 et seq. below, of the subject matter which is claimed and for which a patent is sought on the invention entitled

**ANTIMICROBIAL SULFONAMIDE DERIVATIVES OF LIPOPEPTIDE ANTIBIOTICS**

and for which a patent application:

☒ is attached hereto and includes amendment(s) filed on *(if applicable)*

☐ was filed in the United States on as Application No. *(for declaration not accompanying application)*

with amendment(s) filed on *(if applicable)*

☐ was filed as PCT international Application No. on and was amended under PCT Article 19 on *(if applicable)*

I hereby state that I have reviewed and understand the contents of the above identified application, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

EARLIEST FOREIGN APPLICATION(S), IF ANY, FILED PRIOR TO THE FILING DATE OF THE APPLICATION			
APPLICATION NUMBER	COUNTRY	DATE OF FILING (day, month, year)	PRIORITY CLAIMED
			YES <input type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below.

PROVISIONAL APPLICATION NUMBER	FILING DATE
60 219,025	July 17, 2000
60 220,950	July 26, 2000

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information known to me which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

NON-PROVISIONAL APPLICATION SERIAL NO.	FILING DATE	STATUS		
		PATENTED	PENDING	ABANDONED

\* for use only when the application is assigned to a company, partnership or other organization.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

2 0 1	FULL NAME OF INVENTOR	LAST NAME Curran	FIRST NAME William	MIDDLE NAME V	
	RESIDENCE & CITIZENSHIP	CITY Pearl River	STATE OR FOREIGN COUNTRY NY	COUNTRY OF CITIZENSHIP USA	
	POST OFFICE ADDRESS	STREET 27 Harding Street	CITY Pearl River	STATE OR COUNTRY NY	ZIP CODE 10965
	SIGNATURE OF INVENTOR 201			DATE	
2 0 2	FULL NAME OF INVENTOR	LAST NAME Leese	FIRST NAME Richard	MIDDLE NAME A	
	RESIDENCE & CITIZENSHIP	CITY Suffern	STATE OR FOREIGN COUNTRY NY	COUNTRY OF CITIZENSHIP USA	
	POST OFFICE ADDRESS	STREET 7 Marget Ann Lane	CITY Suffern	STATE OR COUNTRY NY	ZIP CODE 10901
	SIGNATURE OF INVENTOR 202			DATE	
2 0 3	FULL NAME OF INVENTOR	LAST NAME Jarolmen	FIRST NAME Howard	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY Fair Lawn	STATE OR FOREIGN COUNTRY NJ	COUNTRY OF CITIZENSHIP USA	
	POST OFFICE ADDRESS	STREET 26-07 Merritt Place	CITY Fair Lawn	STATE OR COUNTRY NJ	ZIP CODE 07410
	SIGNATURE OF INVENTOR 203			DATE	
2 0 4	FULL NAME OF INVENTOR	LAST NAME Borders	FIRST NAME Donald	MIDDLE NAME B	
	RESIDENCE & CITIZENSHIP	CITY Suffern	STATE OR FOREIGN COUNTRY NY	COUNTRY OF CITIZENSHIP USA	
	POST OFFICE ADDRESS	STREET 13 Heatherhill Lane	CITY Suffern	STATE OR COUNTRY NY	ZIP CODE 10901
	SIGNATURE OF INVENTOR 204			DATE	